

Workshop Recommendations

Access to
Health
Care

Problem/Issue #2:

Inadequate coverage by Medicaid for Hispanics/Latinos.

Desired Aim

To provide full coverage by Medicaid for comprehensive services for Hispanics/Latinos.

Implementation Strategies

- ◆ Reduce (or eliminate) categorical and other eligibility restrictions for Medicaid coverage, eliminate asset tests, enforce presumptive eligibility for pregnant women and children.
- ◆ Require Medicaid and Medicare reform to address the unique needs of the Hispanic/Latino population; programs should support primary care and shift from an emergency hospital care approach to a comprehensive community-based care approach (that includes preventive services).

Problem/Issue #3:

Government and institutional policies are unresponsive to the health needs of Hispanics/Latinos.

Desired Aims

- To establish an integrated and coordinated service-delivery system that links public health, private providers, and community/migrant health centers; foster collaboration.
- To establish policies that provide for linguistically and culturally competent programs.
- To support health professions education for Hispanics/Latinos in order to increase the number of culturally competent health care providers.
- To accurately define the health needs of Hispanic/Latino communities and provide resource allocations necessary to meet those needs.

One

Voice

One

Vision

Implementation Strategies

- ◆ Convene all stakeholders to explore ways to collaborate and interface. (Federal, State, local—public and private)
- ◆ Recognize that categorically funded programs do not always meet the needs of the intended populations; review criteria for categorically funded programs that support health centers; influence the decision-making process for placement of health centers and their modes of operations so that they better serve the unique needs of the Hispanic/Latino community. (Federal, State, local—public and private)
- ◆ Ensure that more Hispanics/Latinos are in key policy decision-making positions. (Federal, State, local—public and private)
- ◆ Define the “minority” label. Programs and policies should include all minority groups, including Hispanics/Latinos. (Federal, State, local—public and private)
- ◆ Develop standards for cultural competency.

Problem/Issue #4:

Lack of health care facilities in Hispanic/Latino communities.

Desired Aim

To develop an infrastructure in Hispanic/Latino communities that ensures accessibility to health care providers.

Implementation Strategies

- ◆ Enhance the health care infrastructure and provide funds for construction of health facilities in Hispanic/Latino communities (legislation).
- ◆ Reformulate the criteria for appointing physicians and other health providers to medically underserved areas.
- ◆ Offer economic incentives to practitioners for locating practices in Hispanic/Latino communities.

- ◆ Create community-based health training centers that provide training and job opportunities in the health professions (legislation).

Problem/Issue #5:

Exclusion of important subsegments of the Hispanic/Latino population from health programs.

Desired Aim

To establish a health care system that meets the needs of all Hispanics/Latinos, including undocumented residents, migrant and seasonal workers, rural residents and other subsegments of the Hispanic/Latino population.

Implementation Strategies

- ◆ Include intervention activities in the public health arena to meet the needs of special subsegments of the Hispanic/Latino population (i.e., migrant and seasonal farmworkers, children, homeless people, people in rural areas, immigrants, and undocumented residents).
- ◆ Require that health-care institutions, programs, and initiatives ensure health-care delivery that meets the needs of special populations (i.e., migrant and seasonal farmworkers, children, homeless people, people in rural areas, immigrants, and undocumented residents).

Problem/Issue #6:

Lack of health objectives for the Hispanic/Latino population.

Desired Aim

To include a Hispanic/Latino agenda in *Healthy People 2000*; to develop detailed health objectives that are specific to the Hispanic/Latino population.

Implementation Strategies

- ◆ Review the *Healthy People 2000* plan to identify gaps and develop objectives and implementation

strategies to address the health needs of the Hispanic/Latino community. (Federal)

Problem/Issue #7:

A public health system and an infrastructure that are inadequate and unresponsive to Hispanic/Latino health needs.

Desired Aim

To create a strong Federal, State, and local public health system that has the ability to monitor and influence the planning and policy development of health initiatives and interventions.

Implementation Strategies

- ◆ Allocate 6 percent of health expenditures to fund public health programs and infrastructure.
- ◆ Make the public health system accountable for meeting the health needs of the Hispanic/Latino population; establish health goals (indicators) for all public health interventions.
- ◆ Promote Hispanic/Latino participation at all levels of public health decisionmaking.

Problem/Issue #8:

Omission of health care as an integral part of economic and regional development planning.

Desired Aim

To include Hispanic/Latino health issues in regional development strategies.

Implementation Strategies

- ◆ Include Hispanic/Latino health issues in all social and economic development programs.

Problem/Issue #9:

Lack of Hispanic/Latino participation in the development and review of publicly funded proposals to ensure that programs meet the health needs of the Hispanic/Latino population.

Access to
Health
Care

One

Voice

One

Vision

Access to
Health
Care

Desired Aim

To achieve equitable representation of Hispanics/Latinos in the development and review of Requests for Proposals throughout PHS.

Implementation Strategy

- ◆ Use legislative mechanisms and the regulation process to increase Hispanic/Latino representation in the proposal process.

Problem/Issue #10:

Lack of proven models for alternative primary care financing responsive to Hispanic/Latino community needs.

Desired Aim

To explore innovative primary care financing and delivery systems.

Implementation Strategies

- ◆ Fund pilot projects that explore alternative primary health care financing and delivery systems (analogous to Health Care Financing Administration's SHMO demonstrations).
- ◆ Include Hispanic/Latino-specific initiatives in the Request for Proposal process to foster models of primary/managed care that meet the health needs of the Hispanic/Latino population.

Problem/Issue #11:

Lack of well-planned, coordinated lobbying efforts on Hispanic/Latino health issues.

Desired Aim

To create a strategically planned and coordinated lobbying structure that advocates the advancement of a Hispanic/Latino health agenda.

Implementation Strategies

- ◆ Enlist the interest and support of health organizations around the country to participate in a unified effort.

- ◆ Create a national coalition that lobbies on behalf of Hispanic/Latino health issues (e.g., National Hispanic/Latino Coalition for a Healthy USA).

Problem/Issue #12:

Lack of Hispanic/Latino access to DHHS policy decision makers.

Desired Aim

To develop rapport and fluid channels of communication with DHHS policy decision makers.

Implementation Strategies

- ◆ Meet regularly with the Secretary (or a representative) regarding Hispanic/Latino health issues.
- ◆ Establish an Advisory Committee to the Secretary of Health and Human Services to advise the Department on policies affecting Hispanic/Latino populations.
- ◆ Provide advocacy for Hispanic/Latino participation in the decision-making process. The number of Latinos in decision-making positions should be proportional to the size of the population they represent.
- ◆ Foster policies that encourage Hispanic/Latino representation on boards, commissions, and advisory committees.

Problem/Issue #13:

Underrepresentation of Hispanics/Latinos in the Office of Minority Health and other top-level positions of DHHS.

Desired Aim

To achieve an equitable representation of Hispanic/Latino representation in top-level positions of DHHS.

Implementation Strategy

- ◆ Increase representation of Hispanics/Latinos in the Office of Minority Health and all departments of DHHS, to include top-level representation. To the

One

Voice

30

One

Vision

extent possible, Hispanic/Latino issues should be addressed by Hispanic/Latino representatives.

Problem/Issue #14:

Lack of participation by Hispanics/Latinos in leadership appointments in DHHS.

Desired Aim

To involve Hispanics/Latinos in the leadership search process within in DHHS.

Implementation Strategy

- ♦ Involve Hispanics/Latinos in the expert talent search process and selection for leadership positions in DHHS.

Data Collection

There are 22.4 million Hispanics/Latinos living in the 50 States and the District of Columbia and 3.5 million persons who reside in Puerto Rico—a total of 25.9 million people. More than two-thirds of all Hispanic/Latino Americans were born in the United States, yet it was not until 1989 that the model birth and death certificates included a Hispanic/Latino identifier.

Too often, organizational priorities and funding decisions are established without taking into account Hispanic/Latino data. Adequate planning is not available without the appropriate availability, utilization, and interpretation of Hispanic/Latino data. Therefore, resources from government (Federal, State, and local) foundations, nonprofit and for-profit corporations, and education institutions are not allocated consistently with the needs of the Hispanic/Latino community. As we approach the year 2000 and beyond, the need for Hispanic/Latino data will only increase. Given the imperative to effectively target resources to maximize benefit and efficiency, the six areas described below are the minimal set of issues that must be addressed to serve the health needs of the Nation.

Problem/Issue #1:

Inclusion: the need for inclusion of Hispanics/Latinos in data systems.

Desired Aim

To include data on Hispanics/Latinos in all data systems.

Implementation Strategies

- ♦ Include Hispanic/Latino and Hispanic/Latino subgroup identifiers in all surveys and forms.
- ♦ Determine sample sizes for Hispanics/Latinos that are adequate for analysis.
- ♦ Enforce OMB Directive 15 and Public Law 94-311. Educate agencies about the use of OMB directives for inclusion of Hispanics/Latinos (and Hispanic/Latino subgroups) in data systems and in federally funded intramural and extramural research programs.
- ♦ Develop and maintain an advisory board to the Office of the Surgeon General to oversee Federal, State, and local Hispanic/Latino data issues.

Problem/Issue #2:

Local and regional data: lack of data on specific Hispanic/Latino health issues at the local and regional levels.

Desired Aim

To reduce gaps in Hispanic health data and improve the overall availability of data at the local and regional levels.

Implementation Strategies

- ♦ Develop guidelines and standard procedures within all agencies and provide technical assistance on data collection for Hispanic/Latino population groups at the local, State, and regional levels.
- ♦ Focus on Hispanic/Latino-specific issues. For example, data that just enumerate the number of gunshot wounds is not useful unless information is also available on the community support programs.
- ♦ Use a series of local pilot studies that identify patterns and trends to justify future activities.
- ♦ Establish *Healthy People 2000* and baseline data for those objectives at the State and local levels.

Data Collection

One Voice



One Vision

Workshop Recommendations

Data
Collection

Problem/Issue #3:

Quality: lack of quality, accurate, timely, and culturally sensitive data system design, data collection, and analysis.

Desired Aim

To develop a foundation of high-quality, valid, and timely information on Hispanic/Latino data, equivalent to that of other ethnic/racial groups.

Implementation Strategies

- ◆ Include Hispanics/Latinos in the design, implementation, analysis, and dissemination of health assessment and health monitoring data systems and in funding decisions affecting these systems.

- ◆ Assess data collection and research designs to include considerations of the heterogeneity of the Hispanic/Latino population. Oversampling has been identified as a feasible method for highly concentrated Hispanic/Latino subgroups; other methods need to be developed to sample geographically dispersed Hispanic/Latino subgroups.

- ◆ Test and validate data collection and research instruments for cultural competence and linguistic appropriateness.

- ◆ Foster collaboration between the Census Bureau and the National Center for Health Statistics (NCHS) to identify existing and emerging research issues; address problems such as procedures for assigning race, use of surname as a proxy, adequateness of "Other Race" and "Other Hispanic" categories, etc. Involve Hispanic/Latino researchers in seeking resolution to these issues.

- ◆ Study the problems associated with changes in ethnic self-identification.

- ◆ Establish guidelines for the coding and keying of data on birthplace, work history, generation status, socioeconomic status, language use, family relationship, etc., all of which may be powerful indicators of the health status of Hispanics/Latinos.

- ◆ Develop data release plans that meet priorities and the needs of users for timeliness.

Problem/Issue #4:

Analysis: the need to identify (inventory) and analyze existing data. Available data can be instrumental in understanding Hispanic/Latino health concerns.

Desired Aim

To increase the analyses of Hispanic/Latino health data at the Federal and State levels and by academia and to increase the number of Hispanic/Latino researchers involved in this process.

Implementation Strategies

- ◆ Include Hispanics/Latinos and researchers with specific knowledge of the health status, living conditions, and culture of Hispanic/Latino populations in the development of health theses and conceptual frameworks.

- ◆ Identify existing data sets and determine their accessibility to researchers.

- ◆ Develop a network of Federal/State, university, and community-based analysts with a primary focus in health data analysis.

- ◆ Provide funding for technical assistance to researchers who are involved in Hispanic/Latino health issues.

- ◆ Increase the technological capacity of researchers to conduct more advanced analysis (i.e., Geographic Information Systems).

- ◆ Encourage collaborative, interdisciplinary research that bridges quantitative and qualitative methods.

- ◆ Identify a person in each agency/organization to serve as the principal point of contact for Hispanic/Latino data analysis.

One

Voice

32

One

Vision

Workshop Recommendations

Research Agenda

- ◆ Target and intensify efforts to recruit Hispanics/Latinos into PHS's existing research and training programs.
- ◆ Develop and fund distinguished research career programs within PHS to allow Hispanic/Latino researchers to concentrate on research, writing, and mentoring and to free them from the multiple requirements and responsibilities commonly faced by minority academicians.
- ◆ Conduct grantsmanship workshops such as those developed by the Hispanic Cancer Control Program at the National Cancer Institute (NCI), where Hispanic/Latino researchers have the opportunity to improve proposal-writing skills and have their pre-proposals reviewed by agency program review staff. These programs must be made available at the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and other Federal agencies concerned with health issues.
- ◆ Expand and evaluate specific initiatives within the Department of Education and the National Science Foundation to ensure that Hispanic/Latino middle and high school students take courses essential for pursuing science careers.
- ◆ Assess the results of programs such as the Minority Behavioral Research Supplement, Minority Access to Research Careers, Health Careers Opportunity Programs, and the Minority High School Apprenticeship Program with respect to Hispanic/Latino students.
- ◆ Encourage professional associations to stimulate the involvement of Hispanic/Latino students in research careers.
- ◆ Develop special initiatives to fund research proposals submitted by new and established Hispanic/Latino investigators.
- ◆ Increase and enhance the capacity for institutionalized Hispanic/Latino health research through the establishment of Hispanic/Latino health research

centers and through support of individual Hispanic/Latino investigators.

- ◆ Orient PHS program staff to Hispanic/Latino health and related methodological issues.

Desired Aim B

To improve cultural competence and sensitivity of Hispanic/Latino and non-Hispanic/Latino scientists.

Implementation Strategies

- ◆ Develop requirements by regional and professional accreditation agencies that Hispanic/Latino health research issues be incorporated into curricula.
- ◆ Develop and institute courses, seminars, and conferences by educational, institutional, professional associations, and PHS on methods for conducting research on Hispanic/Latino populations.
- ◆ Orient members of IRGs on the procedures required for culturally competent research that targets Hispanics/Latinos and on the evaluation of proposals with respect to appropriate sampling, instrumentation, methodology, and cultural sensitivity in the development of research protocols.
- ◆ Provide appropriate training and guidelines to reviewers of proposals so that IRGs will be competent in the evaluation of Hispanic/Latino research. This initiative is consistent with and enhances the recent NIH guidelines for including women and minorities in study populations.

Desired Aim C

To improve communication and interaction among Hispanic/Latino scientists.

Implementation Strategies

- ◆ Centralize and expand the existing PHS databank on Hispanic/Latino researchers and on non-Hispanics/Latinos conducting research on Hispanic/Latino populations.
- ◆ Encourage professional associations to facilitate networking among Hispanic/Latino researchers.

One

Voice

One

Vision

34

Problem/Issue #2:

Dearth of research relevant to the health of Hispanics/Latinos.

Desired Aim A

To develop a health research agenda that is relevant to and focused on Hispanics/Latinos.

Implementation Strategies

- ◆ Commission a number of research efforts within the Office of Minority Health that critically analyze the literature on Hispanic/Latino health in each of the areas identified by previous reports as deserving attention (e.g., child and adolescent health, women's health, diabetes, HIV, cancer, substance abuse, depression, violence, accidents, and unintentional injury). These reports will present a review of the current knowledge base on each of the areas covered by *Healthy People 2000*, clarify objectives, and identify research needs.
- ◆ Appoint a high-level committee within the Office of Minority Health with appropriate Hispanic/Latino health expert involvement to review the outcome of the activities of the first year of the Hispanic/Latino Health Initiative and the information obtained from the state-of-the-art reviews cited above. This panel must be charged with developing an outline of priorities for research with Hispanics/Latinos.
- ◆ Develop special funding programs or initiatives at the Federal level to fund research on the role of factors such as acculturation, national origin or background, socioeconomic status, and migrational history on the health status of Hispanics/Latinos.
- ◆ Require large-scale, cross-sectional, and longitudinal research with Hispanics/Latinos funded by Federal and State initiatives to include the effects of acculturation, national origin or background, socioeconomic status, and migrational history on the health status of Hispanics/Latinos as possible moderators of the findings.

- ◆ Develop special program initiatives at the Federal level to analyze the health status of Hispanics/Latinos working in high-risk environments such as migrant agriculture, assembly plants (including border *maquiladoras*), service professions, and other industrial environments.
- ◆ Conduct health services research to identify the characteristics of health care delivery, including the characteristics of personnel and structure of services that facilitate access, utilization, and effectiveness of health services among Hispanics/Latinos. At least 25 percent of the funds allocated for evaluation at the Substance Abuse and Mental Health Services Administration (SAMASA) and Health Resources and Services Administration (HRSA) should be targeted for services research to investigate questions pertaining to Hispanics/Latinos. The Office of Health Planning and Evaluation should also direct funds for research on health services utilization by Hispanics/Latinos.
- ◆ Create an Office of Hispanic/Latino Health within the Office of Minority Health, Office of the Assistant Secretary for Health, to coordinate Hispanic/Latino health-related initiatives and to oversee their implementation within the Federal Government. The Office must be properly funded and must include an advisory board on Hispanic/Latino health research to review its activities on a quarterly basis. In addition, the Office of Minority Health should issue a biannual report to Congress detailing progress on the Hispanic/Latino health agenda and the progress within PHS in meeting the mandates in the Disadvantaged Minority Health Act as they relate to Hispanics/Latinos.
- ◆ Fund research within PHS that is specifically targeted at providing baseline data to enable formulation of Hispanic/Latino-specific objectives for *Healthy People 2000*.
- ◆ Develop mechanisms to obtain and incorporate community input into the formulation of a research agenda.

Research
Agenda

One

Voice

One

Vision



Health Professions

Problem/Issue #3:

Lack of culturally appropriate research theories and methods.

Desired Aim A

To increase the number and improve the availability and validity of research instruments and measurement tools used in investigations on Hispanic/Latino health.

Implementation Strategies

- ◆ Develop Federal programs to fund research that tests the usefulness of current instruments and to develop new, culturally appropriate instruments that meet applicable standards of validity and reliability.
- ◆ Fund a repository of Hispanic/Latino health-related instruments within PHS. This repository must be managed by Hispanic/Latino organizations or researchers who can properly serve as the caretakers of these files and report on the issues dealing with Hispanics/Latinos.

Desired Aim B

To study the applicability of existing constructs and theories to Hispanic/Latino populations.

Implementation Strategy

- ◆ Fund research within PHS to develop new behavioral models and theories and to test the validity of existing ones.

Problem/Issue #4:

Underrepresentation of Hispanics/Latinos in PHS.

Desired Aim A

To ensure proportional representation of Hispanic/Latino researchers on scientific advisory boards, national advisory councils, and IRGs and technical evaluation groups.

Implementation Strategies

- ◆ Survey national agencies concerned with Hispanic/Latino health issues, as well as researchers, universities, or research institutes, on a yearly basis to identify qualified individuals who may be willing to serve in this capacity. Results of those surveys should be published in a yearly updated directory and made available to Federal and State agencies funding health-related research.
- ◆ Include Hispanic/Latino representation on IRGs within technical evaluation groups, national advisory councils, and scientific advisory boards.

Desired Aim B

To ensure proportional representation of Hispanics/Latinos on the staff of PHS.

Implementation Strategies

- ◆ Expand short-term service initiatives that allow Hispanic/Latino researchers and academicians to serve within PHS without severing ties with their home institutions.
- ◆ Implement special efforts to recruit, retain, and promote Hispanics/Latinos at all levels of PHS scientific and administrative staff.

Health Professions

Problem/Issue #1:

Insufficient numbers and inadequate preparation of Hispanic/Latino students by the educational system (kindergarten to undergraduate) for pursuit of health professions education.

Desired Aim

To increase the number of Hispanics/Latinos in the education pathway toward health professions education so that, by the year 2000, the number of Hispanics/Latinos admitted to health professional schools reflects the size of the Hispanic/Latino population by State.

One

Voice



One

Vision

Implementation Strategies

- ◆ Increase parental involvement in their children's education through family counseling, dissemination of information, and enhancement of established programs sponsored by the school, community-based organizations, the private sector, and the media.
- ◆ Assist low-income families in planning their children's education.
- ◆ Ensure that Hispanic/Latino children gain English-language competency at an early age; early childhood programs can play an important role.
- ◆ Stimulate private-sector investment in inner city schools, colleges, and universities with high Hispanic/Latino student bodies.
- ◆ Stimulate private sector and government investment in scholarships and awards to Hispanic/Latino students in inner city schools, colleges, and universities with large Hispanic/Latino student bodies.
- ◆ Expand the scope and funding of Health Careers Opportunity Programs.
- ◆ Encourage Hispanic/Latino health professional organizations to develop and participate in mentoring programs at all levels.

Problem/Issue #2:

Poor infrastructure and lack of funding to promote greater participation of Hispanic/Latino students in the health professions.

Desired Aim A

To increase the number of Hispanic/Latino full-time equivalent faculty and students in universities and health professions schools to reflect the percentage of Hispanics/Latinos in the population of the area.

Implementation Strategy

Provide additional Federal funds, student loans, and assistance to schools that have significant full-time equivalent Hispanic/Latino faculty and students.

Desired Aim B

To improve the coordination of organizations and to build a better infrastructure that will augment the pool of Hispanic/Latino students eligible to pursue the health professions.

Implementation Strategies

- ◆ Expand health professional clinical training at community-based sites.
- ◆ Bridge health professions training of two- and four-year colleges, including training of administrative managers because they make day-to-day decisions on service delivery to populations.
- ◆ Develop formal linkages between Federal, State, and private organizations serving Hispanics/Latinos.

Problem/Issue #3:

Obstacles to entry, retention, and graduation from professional health education programs faced by Hispanic/Latino students.

Desired Aim A

To increase the number of Hispanics/Latinos entering health professions schools by a minimum of 10 annually for the next 10 years; the ultimate minimum goal is a doubling of the number of students currently enrolled.

Implementation Strategies

- ◆ Establish a consistent definition of Hispanics/Latinos in the criteria for admission to the health professions.
- ◆ Set standards at the Federal and State levels for increased Hispanic/Latino student enrollments; these standards must be tied to funding.
- ◆ Incorporate qualitative measures in school admissions criteria.
- ◆ Increase Hispanic/Latino participation in the admissions process.
- ◆ Train admissions personnel in cultural diversity and the health needs of the Hispanic/Latino community.

Health
Professions

One

Voice

37

One

Vision

Health Professions

- ◆ Credit students for diverse personal and educational experiences.

Desired Aim B

To increase the number of Hispanic/Latino students who graduate from professional health programs.

Implementation Strategies

- ◆ Develop, expand, and fund retention programs that would enable Hispanic/Latino students to graduate from professional education programs (i.e., health career opportunity programs, peer support groups, financial assistance programs, National Service Corps activities, and other educational initiatives targeting retention).
- ◆ Foster mentorship activities at health professions schools.
- ◆ Assess standardized testing procedures; address any biases that may affect the performance of Hispanic/Latino candidates.

Desired Aim C

To make health professions education financially accessible for Hispanics/Latinos.

Implementation Strategies

- ◆ Expand scholarships, low interest loans, and loan repayment programs available to Hispanics/Latinos.
- ◆ Increase the proportion of grant monies (versus loans) in financial aid programs targeted at Hispanics/Latinos pursuing health professions education.
- ◆ Expand financial assistance programs to incorporate the support of hospitals, communities, and other private or public organizations.
- ◆ Ensure thorough dissemination of financial assistance information to Hispanic/Latino students; ensure that the format and delivery of this information are appropriate to the target audience.

Desired Aim D

To expand the funding and scope of Hispanic/Latino Centers of Excellence to include all health professions.

Implementation Strategies

- ◆ Influence the legislative process.
- ◆ Ensure equitable distribution of funds to Hispanic/Latino Centers of Excellence relative to the total funding allocated to such initiatives.
- ◆ Evaluate the performance (outcomes) of Hispanic/Latino Centers of Excellence.

Problem/Issue #4:

Need for greater coordination between the private, local, State, and Federal sectors to improve the support to Hispanic/Latino health professionals.

Desired Aim

To ensure provision of technical assistance and financial resources to Hispanic/Latino health professionals.

Implementation Strategies

- ◆ Enhance programs and improve coordination of initiatives within DHHS.
- ◆ Review Department annual fiscal reporting mechanisms; delineate funding for activities targeting Hispanic/Latino health professionals; specify DHHS funding going to Hispanic/Latino researchers; increase the number of Hispanic/Latino researchers.
- ◆ Increase postgraduate training opportunities in the health professions through private- and public-sector funding.
- ◆ Increase the participation of Hispanic/Latino health professionals in program and policy evaluation committees, task forces, and oversight entities.

One

Voice

One

Vision



◆ Workshop Recommendations

Problem/Issue #5:

Need for an increased number of Hispanic/Latino health professionals in faculty, advanced career positions, and decision-making bodies.

Desired Aim A

To increase the number of Hispanic/Latino health professionals in management, policy, and research positions in DHHS/PHS and other Federal and State agencies.

Implementation Strategies

- ◆ Develop a substantive plan to develop and promote Hispanics/Latinos in management, policy, and research positions.
- ◆ Hold government institutions and programs accountable for promoting Hispanic/Latino health professionals' development.
- ◆ Enact legislation that requires all directors to be evaluated on an annual basis on the following criteria, among others:
 - a. Recruitment and retention of Hispanic/Latino staff.
 - b. Representation of Hispanics/Latinos on review committees.
 - c. Grants awarded and programs established with a Hispanic/Latino health focus.
 - d. Grants awarded to Hispanic/Latino principal investigators.
 - e. Grants awarded to universities with significant Hispanic/Latino graduation rates.
- ◆ Implement a reporting and review system of the implementation and outcomes of the above plan.

Desired Aim B

To increase the number of Hispanic/Latino faculty in health professions schools.

Implementation Strategies

- ◆ Develop effective methods for addressing deficiencies in hiring and promotion policies affecting Hispanic/Latino faculty in health professions schools.
- ◆ Develop legislation that would add funding to the Disadvantaged Minority Health Improvement Act for Hispanic/Latino faculty positions in health professions schools.
- ◆ Reconsider the balance between research, training, and community and clinical service needs; implement promotion mechanisms accordingly.
- ◆ Earmark funding of New Investigator Awards to Hispanic/Latino researchers.
- ◆ Track the number of grants/contracts by Hispanic/Latino researchers that have been submitted, approved, and funded by DHHS.
- ◆ Provide technical assistance to support Hispanic/Latino researchers as needed.

Desired Aim C

To encourage mentoring of junior Hispanic/Latino faculty.

Implementation Strategy

- ◆ Provide opportunities to establish mentoring relationships with senior faculty.

Desired Aim D

To increase Hispanic/Latino representation on local, State, and Federal grant review groups, panels, task forces, and advisory committees.

Implementation Strategy

- ◆ Develop and maintain a centralized information bank of talented Hispanic/Latino health professionals.

Health
Professions

One

Voice

39

One

Vision

Health
Promotion
and Disease
Prevention

Problem/Issue #6:

Lack of culturally relevant (Hispanic/Latino) input in the licensing/certification process and the accreditation of health professions schools.

Desired Aim A

To encourage accrediting bodies to use cultural diversity standards relevant to Hispanics/Latinos.

Implementation Strategies

- ◆ Communicate the need for use of cultural diversity standards in the accreditation criteria of health professional education programs.
- ◆ Provide awareness training on cultural diversity issues to students and faculty at colleges/universities and other educational programs.

Desired Aim B

To increase the number of Hispanics/Latinos participating in the development of licensing and certification tests and procedures.

Implementation Strategies

- ◆ Promote Hispanic/Latino health professionals within accrediting agencies to ensure Hispanic/Latino representation.
- ◆ Work with the individual health professions examination boards to determine the appropriateness of tests, and to address cultural biases.

Desired Aim C

To enhance the entry of foreign-trained Hispanic/Latino health professionals into the health service delivery system.

Implementation Strategy

- ◆ Develop innovative programs and funding mechanisms to assist/(re)train foreign-trained Hispanic/Latino health professionals so that they can practice in the United States.

Problem/Issue #7:

Lack of data on practice characteristics of Hispanic/Latino health professionals for planning purposes.

Desired Aim

To obtain data on practice characteristics of all Hispanic/Latino health professionals.

Implementation Strategy

- ◆ Request that health professionals organizations gather and analyze data on the practice characteristics of Hispanic/Latino professionals.

Health Promotion and Disease Prevention

Underlying all of the issues listed below are policy, communication, cultural behaviors, resource development, and community intervention factors.

Problem/Issue #1:

Insufficient data and research on Hispanic/Latino health issues:

- Lack of research on health promotion and disease prevention (HPDP) efforts that target subgroups of the Hispanic/Latino population.
- Lack of data on awareness, attitudes, behaviors, and use of screening services by Hispanic/Latino subgroups
- Lack of baseline data on morbidity and mortality; lack of Hispanic/Latino-specific HPDP year 2000 health objectives.

Desired Aims

- To gather and maintain adequate data on Hispanic/Latino health issues.
- To initiate, enhance, and/or expand research programs for the various Hispanic/Latino subgroups. This research should be initiated, used, and disseminated at the community level.

One
Voice



One
Vision

Workshop Recommendations

- To facilitate the development of appropriate Hispanic/Latino-specific year 2000 objectives.

Implementation Strategies

- ◆ Establish and maintain a comprehensive and uniform database on HPDP efforts (comparable to non-Hispanic/Latino databases) that accommodates different Hispanic/Latino subpopulations. (Federal, State, local)
- ◆ Establish a body that will monitor the implementation of Hispanic/Latino HPDP initiatives and advocate on behalf of community-based organizations and funding for HPDP programs. (Federal, State, local)
- ◆ Monitor public agencies responsible for data collection and hold them accountable.
- ◆ Include Hispanics/Latinos on review panels, study sections, PHS advisory councils and working groups. (Federal, State, local)
- ◆ Establish culturally appropriate methods and standards for data collection.
- ◆ Foster initiatives that will target and fund Hispanic/Latino-specific HPDP activities (new funding and reallocation of existing funds). (Federal, State, local)
- ◆ Establish, implement, and monitor Hispanic/Latino-specific objectives in all *Healthy People 2000* prevention priority areas with a specific focus on those affecting Hispanic/Latino youth. (Federal, State)
- ◆ Establish culturally sensitive and appropriate methods for Hispanic/Latino data collection methods and processes. (Federal, State, local)
- ◆ Establish, expand, and share data networks that assist all research activities and community-based organizations. (Federal, State, local)

Problem/Issue #2:

Lack of Hispanic/Latino health professionals in HPDP decisionmaking and leadership positions and in the field.

Desired Aim

To increase the recruitment, training, and retention of Hispanic/Latino health and other related professionals in the administration and management of HPDP programs in the private and public sectors.

Implementation Strategies

- ◆ Establish a comprehensive Hispanic/Latino-specific HPDP mentorship program for research, teaching, and community interventions. (Federal, State, local)
- ◆ Secure scholarships for training Hispanic/Latino leaders in HPDP. (Federal, State, local)
- ◆ Increase funding for Centers of Excellence for Hispanic/Latino health professions with emphasis in HPDP and increase the number of Centers. (Federal)
- ◆ Enforce existing Federal and State mandates to ensure Hispanic/Latino opportunities in higher education (faculty and boards), decision-making positions (boards), and the workplace (management). (Federal, State, local)
- ◆ Encourage PHS to develop incentives for primary care providers serving hardship and underserved areas. (Federal)

Problem/Issue #3:

Weak organizational development of prevention providers and lack of organizational development, education, and training programs:

- Lack of HPDP curriculum in schools.
- Lack of multidisciplinary approaches to HPDP curriculum development.
- Lack of formal HPDP training for Hispanic/Latino leaders.
- Institutionalized and individual racism as a barrier to service delivery and professional development.

Health
Promotion
and Disease
Prevention

One

Voice

41

One

Vision

Health
Promotion
and Disease
Prevention

Desired Aims

- To develop a Hispanic/Latino-specific cross-cultural and multidisciplinary curriculum to address the HPDP needs of the Hispanic/Latino population.
- To expand the pool of qualified Hispanic/Latino HPDP providers; to conduct aggressive recruitment and retention programs of Hispanic/Latino HPDP professionals.
- To enhance the capabilities of non-Hispanic/Latino HPDP professionals to better serve Hispanic/Latino communities.
- To increase the capacity of Hispanic/Latino community-based organizations to provide prevention/service programs.

Implementation Strategies

- ◆ Develop partnerships among training institutions, community-based organizations, and national Hispanic/Latino agencies to better provide HPDP services.
- ◆ Mandate all public organizations and institutions receiving Federal, State, and local HPDP funding to (1) develop a cross-cultural, multidisciplinary HPDP curriculum and (2) recruit, train, and retain Hispanic/Latino HPDP professionals to practice in underserved communities.
- ◆ Provide incentives (tuition, loan forgiveness programs, financial benefits) to providers for serving Hispanic/Latino and underserved communities.
- ◆ Develop training and other sensitivity initiatives to address issues of cultural diversity and racism.
- ◆ Develop attractive HPDP continuing education programs for health professionals in the delivery of preventive health services to Hispanics/Latinos.

Problem/Issue #4:

Lack of culturally sensitive and population-specific primary prevention programs.

Desired Aims

- To develop and evaluate Hispanic/Latino-specific models and approaches (e.g., clinics on wheels, bilingual outreach programs) to prevention programs.
- To develop grass-roots community-based programs.
- To develop a short- and long-term prevention strategy for communities at risk of environmental hazards, communicable and chronic diseases, etc.

Implementation Strategies

- ◆ Build on nontraditional methods of access to care (i.e., nurse practitioners, dental hygienists, etc.). (Federal, State, local)
- ◆ Establish linkages among community-based organizations, universities, the private sector, and lay people in the community. (Federal, State, local)
- ◆ Leverage public health initiatives with support of community-based organizations and community coalitions. (State, local)
- ◆ Emphasize the importance of awareness, education, early identification, and intervention through HPDP programs via community coalitions.
- ◆ Ensure that organizations serving Hispanics/Latinos have at least 12 months of experience in working with the Hispanic/Latino community, and that at least 50 percent of their board is Hispanic/Latino with Hispanics/Latinos in key administrative and program staff positions. (Federal, State, local)

Problem/Issue #5:

Lack of comprehensive and systematic approaches to clinical and preventive services; lack of appropriate screening and diagnostic procedures for Hispanics/Latinos.

One

Voice

One

Vision

Desired Aim

To develop, implement, and, where appropriate, reinstitute culturally relevant and comprehensive preventive services.

Implementation Strategies

- ◆ Increase the use of community settings for the delivery of primary care/preventive services (i.e., churches, community centers, schools, community clinics). (Federal, State, local)
- ◆ Train staff in cross-cultural issues (i.e., involvement of family members, use of culturally relevant screening, and diagnostic procedures, etc.) in the delivery of services. (Federal, State, local)
- ◆ Recruit and use community leaders and “Promotores de Salud” effectively to conduct outreach and deliver services. (State, local)
- ◆ Require that evaluation be built into service delivery programs to ensure adequacy of services. (Federal, State, local)

Problem/Issue #6:

Lack of public-private partnerships in support of HPDP goals for Hispanics/Latinos.

Desired Aim

To increase collaboration between private and public organizations in the development of HPDP initiatives.

Implementation Strategies

- ◆ Create a solid Hispanic/Latino HPDP information network and clearinghouse via a public-private partnership. (Federal, State)
- ◆ Develop regulations that require private and nonprofit institutions (including universities) serving Hispanics/Latinos to include adequate Hispanic/Latino representation at decision-making and program levels. (Federal, State, local)
- ◆ Encourage the creation of a national Hispanic/Latino philanthropic federation that includes representation of grass-roots organizations. (Federal)

- ◆ Establish guidelines for Hispanic/Latino community-based organizations and national organizations for accepting corporate contributions; corporations’ products and services must be compatible with HPDP goals.
- ◆ Obtain corporate sponsorship and funding of HPDP programs for Hispanics/Latinos from industries that do not promote disease.

Problem/Issue #7:

Lack of cooperation among nations in addressing health issues.

Desired Aim

To develop, expand, and maintain cooperative efforts in environmental and HPDP areas among countries in the Americas (the United States, Mexico, Central/South America, Caribbean).

Implementation Strategies

- ◆ Foster close collaboration between Latin American countries and the United States regarding HPDP issues. (Federal, State, local)
- ◆ Make health and prevention (including environmental issues) critical elements in the regulations and implementation of the free-trade agreement. (Federal, State)

Problem/Issue #8:

Lack of a constituency for Hispanic/Latino political advocacy.

Desired Aim

To build a political constituency for HPDP.

Implementation Strategies

- ◆ Build rapport and working relationships with Hispanic/Latino, other appointed/elected officials, and national organizations. (Federal, State, local)
- ◆ Develop a Hispanic/Latino constituency to counter disease-promoting industries. (Federal, State, local)

Health
Promotion
and Disease
Prevention

One

Voice



One

Vision

Workshop Recommendations

Health
Promotion
and Disease
Prevention

- ◆ Develop a consensus within the Hispanic/Latino community for acceptable universal standards of primary care.

Problem/Issue #9:

Lack of diffusion of culturally appropriate HPDP models:

- Lack of consistency in defining community-based HPDP interventions.
- Lack of community resources for the replication of successful Hispanic/Latino HPDP models.

Desired Aims

- To identify, showcase, and disseminate successful Hispanic/Latino HPDP models.
- To develop strategies to fund successful HPDP models.

Implementation Strategies

- ◆ Establish mechanisms and procedures by which all prevention RFPs have Hispanic/Latino community input. (Federal, State)
- ◆ Appoint Hispanics/Latinos to the proposal review process for research, training, and services.

Problem/Issue #10:

Lack of media involvement and sensitivity to Hispanic/Latino health and HPDP issues.

Desired Aim

To increase media's awareness of Hispanic/Latino health issues and the media's role in disseminating information on HPDP.

Implementation Strategies

- ◆ Develop an agenda/workshops/training for media representatives to participate in HPDP programs. (Federal, State, local)
- ◆ Develop community-based training programs in media advocacy.
- ◆ Use paid media to complement other HPDP efforts.

One

Voice



One

Vision

Chapter 5: Presentation of National Workshop Recommendations

A representative from each Work Group at the National Workshop was chosen to present the recommendations developed by the Work Group. This chapter contains the presentation of the recommendations, which are listed in Chapter 5.

Access to Health Care

Castulo de la Rocha, J.D.

President and Chief Executive Officer
AltaMed Health Services Corporation

Access to health care is probably the most important issue facing Latino communities today, and I am certain it will be the most important issue facing this community for the remainder of this decade. Nearly one-third of all Latinos are uninsured or underinsured. We're the poorest, the youngest, and the least educated of major ethnic groups. We depend less on the welfare system, and we have a strong work ethic and strong family values. Our population is increasing rapidly. We have high visibility. But at the same time, the needs of our community also continue to expand very rapidly. The current focus of public debate regarding health care reform has focused on issues such as cost containment, the impact of business, governance, financing, and the role of the private sector in health care reform.

What has been missing in this debate are the financial, structural, and institutional barriers and obstacles that we have to face as Latinos. What we are attempting to do is to outline these barriers. We will focus on the lack of health care financing; Government policies that have been unresponsive to

needs; the structure of the health care system, which inhibits opportunities and the appropriate use of health services; and institutions and their inability to care for our population.

The specific recommendations are the following: First, health care reform must eliminate disincentives that work to cause the linkages of lack of public health coverage and unemployment, specifically focusing on the Medicaid system. Second, require Medicaid and Medicare reform to specifically address the needs of the Latino community by supporting primary health care services and shifting from the emergency hospital care to comprehensive community-based care, including preventive services. Third, develop demonstration models within HCFA [Health Care Financing Administration] that look toward alternative health care systems that are responsive to Latino community needs. This includes managed care systems. Fourth, even if we had adequate health care financing, there is no assurance that our population, based on historical practices, would be able to access those institutions.



One

Voice

45

One

Vision



Access to
Health
Care

Thus, we strongly recommend the improvement of the infrastructure and access to working capital for the construction of health care facilities in Latino communities and the development of economic incentives to provide and to place medical practices within Latino populations.

We should also reformulate the administrative rules for designating physicians and other health manpower in shortage areas and medically underserved areas. The present indicators and determinants for medically underserved areas are, in fact, discriminatory and prejudicial to the Latino population. I strongly urge that we move aggressively in the direction of redefining those indicators.

We strongly support the funding of public health programs and infrastructure by the provision of at least 6 percent of health expenditures that must be accountable to the needs of the Latino community. What has happened over the years is that the attention has been moved away from public health services. We view this as an integral part of having an effective system of health care in the delivery of services to Latino populations.

We should require Latino participation in proportion to the total population in the decisionmaking process and in positions that affect policies in DHHS [Department of Health and Human Services], specifically in boards, commissions, and advisory committees, and in the RFP [request for proposal] process, development, and review. It is equally important that Latinos be involved in the search and selection of leadership within DHHS. An advisory committee to the Secretary of Health and Human Services should be established to advise the Department on policies affecting Latino populations. It's critically important that we have some way of monitoring and holding people accountable for the recommendations that we have developed.

Finally, we strongly recommend the formation and the development of a national effort aimed at lobbying for legislative issues that are important

to the Latino community. This is particularly important in light of the recommendations that we will receive today. We also recommend the development of a national Latino coalition for a healthy U.S.A.

Aida L. Giachello, Ph.D.

Assistant Professor
Jane Addams College of Social Work
University of Illinois—Chicago

The main problems/issues identified by our group have to do with the fact that we feel that there is no universal health coverage that would facilitate entry into the health care system. And there were all kinds of discussion in terms of what the ideal system is. Portability and affordability are essential. The people, regardless of where they are in the United States, should be able to have entry into the system. There should be a basic package of services where prevention would be emphasized. The consumer should have a choice of providers and comprehensive coverage allowing for continuing of care. It should be an integrated system of care where you would have a public sector, community health services, and the private provider that, in most instances, will usually be included in any kind of meaningful discussion. The system should provide progressive health care financing that spreads the burden across all sectors of society based on level of personal wealth. Eligibility would not be based on residency status, or employment status for that matter, or on any preexisting condition. It should be easy in terms of enrollment and participation; it should have measures of cost containment, quality assurance, improved efficiency, and accountability to recipient; and it should allow the recipient and the consumer to be active agents in the process of planning any implementation of services.

Another element that was discussed is that the system should reward providers who develop services for the underserved and unserved

One
Voice

One
Vision

46



populations. It should provide incentives for coverage for prevention services and have a uniform procedure for reimbursement that recognized regional differences.

In terms of the strategy, we felt very strongly that there should be some kind of advocacy coalition, involving the public and the private sectors, in every State with a significant Latino population. There should be some kind of methodology of assessing the cost of universal coverage that factors in preventive measurements. We felt that Government and institutional policy right now have been unresponsive to Hispanic/Latino health needs. Therefore, there should be policy that would integrate service delivery systems and coordinate referral mechanisms linking the different sectors—the public, the private provider, the community, the migrant health centers, and the mental health centers. There should also be policy that would consider linguistic and cultural issues. The system should foster collaboration among all parties and target health profession education funding to increase a number of primary care providers. It should determine the unique health needs of Hispanic/Latino communities and provide resource allocation necessary to meet those needs.

In terms of implementing strategy for this particular issue, we need to bring together all parties to explore areas of collaboration and partnership. We also need to recognize that the

categorically funded programs as they stand now do not meet the needs of the different populations that they're supposed to serve; all kinds of examples were given of how the many assistance programs do not address the basic needs in our community. We also need to establish guidelines to review those categorically funded programs such as HIV programs and maternal and child health programs, to figure out a way of supporting Centers of Excellence, which would best meet the needs of the Hispanic/Latino community at all levels. And then we need to ensure that greater numbers of the Hispanics/Latinos are in key policymaking positions. Allocation of resources and the relevance of services to our community are better handled when you have people in key positions who would be able to advocate and bring the concerns to the discussion table.

The third area has to do with the fact that right now, the Latino community does not have access to the full array of health services. Examples were given in services such as primary care and preventive services, acute hospitalization, emergency services, dental services, drug and alcohol abuse prevention and rehabilitation, occupational health and rehabilitation, mental health services, social service, nutrition and health education, prescription drug, and visual and hearing services. These are some of the many areas of priorities that any comprehensive package should include and make available to our community.

We also acknowledged the fact that Latinos are not linked to a regular source of care. According to a recent report by the Robert Wood Johnson Foundation, one-third of our Latino population do not have a point of entry. One of the biggest barriers is that if you do not have that point of entry, you end up going to the hospital emergency room because you just do not know where to go when you become ill. Therefore, we feel that we need to address this issue.

Access to
Health
Care

One
Voice

47

One
Vision

Work Group Presentations

Access to
Health
Care

We also feel that, in terms of an ideal system, we want to eliminate language and cultural barriers. We want a system that can provide service to mobile populations like seasonal migrant farm workers, the homeless, refugees, and border and other transient populations. We want to reduce fragmentation and poor communication and coordination among services providers—linking the private provider with other local public and private sectors and community and mental health facilities.

We want reimbursement for services, for public information and public education and transportation, as well as provision for child care and social services. We believe that to be able to begin linking consumers to the available sources of care, we need to engage, particularly at a local level, in a series of outreach and marketing strategies that would increase consumer knowledge about what is available and how to enter a system. We also discussed the whole issue of interpreters, and we were concerned about the fact that the role of the interpreter may affect the quality of care. We were concerned also about the issue of confidentiality. There are ethical issues involved when you use interpreters and so the lack of guidance, the lack of training, the lack of really establishing protocols to serve providers was a clear concern of the group.

One

Voice

48

One

Vision

We also felt that we need to introduce legislation. There should be policy and guidance to promote bilingual and culturally competent, relevant services. We need to develop standards for those services; we need to revise criteria of eligibility for funding for community and other health programs to ensure responsiveness to Hispanic/Latino health needs; and we need to assess service delivery. There were discussions about the fact that the clinics available, public or private, don't have flexibility of hours or services. The services are organized to the convenience of the provider, not to the convenience of the

consumer. And the only way that we would be able to change this is by assessing the policy that every clinic follows, by seeing how we can make it more responsive to the specific needs of a given community.

People expressed concern that if you are under Medicaid and you move to another State, what you have is not portable. You cannot really access another system from another State. There has to be a guideline or policy; we need to explore how can we make programs more helpful, more useful, in addition to decreasing the number of Latinos who are left out because of the existing criteria.

I also want to mention the need to address and assess the needs of Hispanic women. Somehow the discussion of meaningful policy planning in general left out the health needs of Hispanic women, and please keep that in mind.

The final issue I want to address concerns the labeling of minority. There was concern among members of the Work Group that sometimes when the label "minority population" is used in allocation of funding, the term is not identified specifically with Asian American, Native American, or Hispanic/Latino American. Perhaps we should be more specific when we are stating policies in the allocation of resources.



Data Collection

Manuel R. Modiano, M.D.

Director, Arizona Cancer Center
Minority Cancer Control

We must not underemphasize the importance of data; without them, access to care, health professions, health promotion, etc., will never happen. There are 22.4 million Hispanics living in the 50 States and D.C., and 3.5 million people living in Puerto Rico, for a total of 25.9 million Hispanics in the United States. More than two-thirds of all Hispanics were born in the United States, yet it was not until 1989 that the model birth and death certificates included a Hispanic identifier.

Too often, organizational priorities and funding decisions are established without taking into account Hispanic data. Adequate planning is not available without the appropriate availability, utilization, and interpretation of Hispanic data. Therefore, resources from governments (Federal, State, and local), foundations, nonprofit and for-profit corporations, as well as educational institutions, are not allocated consistently with the needs of the Hispanic community.

As we approach the year 2000 and beyond, the need for the Hispanic data will only increase. Given the imperative to effectively target resources to maximize benefit and efficiency, the six areas that I am going to describe are the minimal set of issues that must be addressed to serve the health needs of the Nation.

The first issue is inclusion. There is a need for inclusion of Hispanics in all data systems. Our aim is to increase the mainstream inclusion of Hispanics in all systems, and the strategies for implementation are the following: First, all surveys and forms must include Hispanic and Hispanic population subgroups identifiers. Second, there must be sufficient numbers of Hispanics and Latinos included for analysis. Third, enforce OMB [Office of Management and Budget] Directive 15 and

Public Law 94-311. Educate the agencies about the use of the OMB Directive for inclusion of Hispanic and Hispanic/Latino subpopulation groups and data systems. Similar policies should be set for State, regional, and substate levels as well as for non-Federal purposes. And fourth, all agencies must report progress on inclusion of Hispanics and Latinos and their subgroups in data systems as well as in federally funded, intramural, and extramural research programs.

The second issue is local and regional data. There is a need for data relevant to the identified Hispanic health issues at the local and regional levels for specific subpopulations. We hope to be able to do this by improving the availability and reducing the gaps in local and regional Hispanic health data through the following implementation strategies. First, all agencies need to develop guidelines and technical assistance to be used by State or regional groups to collect data for Hispanic population groups at the local or local-regional level, including emerging Hispanic populations. Second, focus on Hispanic-specific generated issues. For example, collected data that only enumerate a number of gunshot wounds in a specific community would be useful only if they are made available to the community and if they are integrated with other data that already exist in that community. Third, develop a new series of local pilot studies to identify patterns and strengths that will justify the use of further activities in the same community and outside. And fourth, establish new objectives for the year 2000 and baseline data for those objectives at the Federal, State, and local levels.

There is a need for quality, precise, timely, and culturally sensitive data design, collection, and analysis. We hope to do this through the development of a foundation of high quality, valid, and timely information on Hispanics equivalent to or better than that existing in other ethnic or racial groups. The strategies for implementation are the following: First, include Hispanics in the design,

Data
Collection

One

Voice

49

One

Vision

Work Group Presentations



Data Collection

implementation, analysis, funding, decisions, and dissemination of health assessment and health monitoring data systems. Second, assess the data collection research designs to include considerations of the heterogeneity of the Hispanic population. Third, oversampling has been identified as a feasible method of inclusion, but other methods need to be developed to efficiently locate less concentrated and dispersed Hispanic subgroups. Fourth, validate data collection and research instruments for cultural competency and linguistic appropriateness for use within Hispanic population and subpopulation groups. Fifth, bring the Census Bureau and NCHS together to identify the existing and emerging research issues with denominator and numerator problems, such as the rules for assigning race, using surname as a proxy, and the usefulness of other races and, quote, "other Hispanic categories." It is imperative that we involve Hispanic researchers in seeking the resolution to these issues. Sixth, study the problems associated with changes in ethnic self-identification. Seventh, establish guidelines for the coding and keying of data on birthplace, work history, generation status, socioeconomic status, language usage, family relationship, etc., which have been shown to be predictive of Hispanic health status. And finally, develop data release plans that meet priorities and the timeliness needs of users.

One

Voice



One

Vision

On the issue of analysis, there is a need to identify and inventory the large amount of available data. These data need to be analyzed for use in understanding the Hispanic health concerns. To do this, we need to increase the analysis and production of Hispanic health data at Federal, State, and academic levels, and to increase the number of Hispanic researchers involved in these processes.

The strategies for implementation include the following: First, research on the health status, living conditions, and culture of the Hispanic/Latino populations should be included, in the development of hypotheses and conceptual frameworks. Second, identify existing data sets and

determine their access to the researchers. Third, support a network of Federal, State, university, and community-based analysis and analysts with a primary focus on health data analysis. Fourth, provide support for technical assistance to researchers who are involved in the urgent health issues for Hispanics. Fifth, increase the technological capacity of researchers to conduct more advanced analysis—for example, the geographic information system. And finally, encourage collaborative interdisciplinary research, which bridges quantitative and qualitative investigation.

In the area of dissemination, there are data that are unavailable or inaccessible, but are in critical demand. Our goal is to maximize the availability of Hispanic data to Hispanic and non-Hispanic policymakers, funding sources, practitioners, community-based organizations, and researchers. The data must be made accessible by training community-based organizations to access the data in training others in data cultural competency. The data produced by public agencies through public funds need to be made available to the community by providing information packets that include audiovisuals, slides, and other materials for community-based organizations.

We need to provide assistance on how to analyze data so that people can draw their own conclusions. The data should be balanced to include not only the negatives but also the important strengths of the Hispanic/Latino community and other issues. Federal regional offices should fund statewide clearinghouses on Hispanic health in high-impact States. There is a need to provide information to a broad range of groups, Hispanic civic advocacy groups and non-Hispanic white groups, and we need to identify in each agency and organization a person or people to serve as principal point of contact on Hispanic health data.

There is a need for coordination between and among Federal and State agencies in Hispanic health data collection and analysis. The aim is to